

morbidities play a major role in driving antidyslipidemic use in primary care setting.

PCV80

DERIVING UTILITY VALUES FOR USE IN A MARKOV MODEL FOR EXPLORING THE CLINICAL CONSEQUENCES OF RIMONABANT IN ADDITION TO DIET AND EXERCISE IN OVERWEIGHT OR OBESE SUBJECTS

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OBJECTIVES: SHAPE is designed to predict long-term clinical outcomes of management with rimonabant of cardiovascular risk in overweight or obese subjects. It is a lifetime Markov model with monthly cycles incorporating at risk, diabetes, cardiovascular disease and mortality states, and using Framingham and UKPDS risk equations. The objective of this study was to derive utility estimates for the model's health states based on patients similar to those in rimonabant's trials. **METHODS:** Mean health utility (EQ5D) values were obtained from 36,294 subjects in the Health Outcomes Data Repository Database (HODaR) of whom 4991 had either an MI, stroke, TIA or angina event with no previous inpatient history. The HODaR project collects data from patients who have attended the Cardiff and Vale NHS Trust in Wales. Utility values associated with specific BMI levels were also derived from multivariate analysis on subjects with a BMI ≥ 27 kg/m² adjusting for age, sex and diabetes status. **RESULTS:** Mean age-related health utility was 0.719 for an acute MI event, 0.709 for stroke, 0.698 for TIA, 0.709 for angina and 0.776 for diabetes (with no prior complications or inpatient history). Mean age adjusted utility decrements associated with these end points were 0.072, 0.185, 0.088, 0.126 and 0.041 for acute MI, stroke, TIA, angina and diabetes respectively. For BMI, a decrement of 0.014 utilities was estimated and this decrement reflects a 1 unit increase in BMI. **CONCLUSION:** This study provides contemporary and relevant utility values for cardiovascular modeling. The values were derived from clinical endpoints matching those included in the model and are well suited to models using Framingham or UKPDS risk equations.

PCV81

VALIDATION OF THE MODE OF ADMINISTRATION OF THE MEDICATION COMPLIANCE QUESTIONNAIRE

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OBJECTIVES: The Medication Compliance Questionnaire (MCQ) measures concepts that may be related to medication compliance by investigating subjects' motivation, barriers, attitudes, and beliefs regarding compliance. In the current study, the MCQ was administered in The Netherlands primarily via postal survey. However, due to low response rate to postal surveys in Italy, the MCQ was planned to be administered there primarily via telephone interviews. The primary goal of the study was to evaluate the equivalence of the postal mode of the MCQ against the telephone interview mode, to determine whether the results could be compared cross culturally. **METHODS:** Sixty subjects in Italy who responded to a postal administration of the MCQ were randomly assigned to one of two groups. Thirty subjects were administered the MCQ again approximately one week later by post and the remaining 30 subjects were administered the questionnaire again approximately one week later by telephone. **RESULTS:** As expected, results showed that the telephone mode of administration resulted in more complete data. Mail administration resulted in per item missing data rates of 3.3–23.3%

while the phone administration yielded 100% response rates on all except one question, which was missing only one response. A difference in the consistency of responses across modes was found, with more consistency observed in the same mode between first and second administrations compared to alternate modes. There was also evidence of a response shift in the telephone administration mode including evidence for socially desirable response bias. **CONCLUSIONS:** Based on the results of this study, it is recommended that the results from the telephone administration not be considered equivalent to the mail administration without further examination. It is not advised to make direct comparisons of MCQ responses between countries without taking the potential impact of mode of administration into account.

PCV82

VALIDATION OF A MODEL TO PREDICT LIFETIME CLINICAL AND ECONOMIC BENEFIT OF RAISING HDL-C IN STATIN-TREATED PATIENTS WITH PERSISTENTLY LOW HDL-C

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OBJECTIVE: To help health care decision-makers assess the cost-effectiveness of HDL-c raising therapy, a model was developed to project lifetime clinical and economic benefits of adding an HDL-c raising drug in statin-treated patients with persistently low HDL-c. **METHODS:** We developed a simulation model made of two analytic decision sub-models. The first sub-model (Monte-Carlo) created a cohort of patients based on lipid levels after drug treatment. The second sub-model (Markov) estimated long-term clinical and cost outcomes (Framingham risk equations). Validation analyses were performed. **RESULTS:** Internal validation: in patients with no history of CVD, the model predicted a 2 years risk of CHD events of 1.12% and 2.02% risk for males and females respectively versus 1% and 2% in the Framingham study. In patients with a history of CVD, the model predicted 2-year risk of CHD events of 9.15% and 3.20% for males and females respectively versus 10 and 3.5% respectively in the published values. External validation: 1) in patients with low HDL-c, the model predicted a 2.32% risk for CHD events associated with each 1 mg/dL increment in HDL-c versus 2–3% in a published meta-analysis 2) by recreating the 4S cohort characteristics and simvastatin treatment effects, the model predicted cumulative incidences of 14.2% for non-fatal and 5.5% for fatal CHD events versus 15.9% and 5.0% in the 4S. **CONCLUSIONS:** Based on our validations, this computer simulation model appears to be a valuable and accurate tool to help evaluate HDL-c raising therapy for patients with persistently low HDL-c despite statin treatment.

PCV83

COMPLIANCE PATTERN OF PHARMACOLOGICAL REGIMENS IN HYPERTENSIVES AND/OR DYSLIPIDEMIC PATIENTS IN AMBULATORY CARE IN A SPANISH POPULATION

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OBJECTIVES: Lack of adherence is a major determinant of inadequate control of cardiovascular risk factors. The aim of this study is to evaluate the level of therapeutic compliance among patients with mild to moderate hypertension (HT) and/or dyslipidemia (DL), in a primary care setting in daily medical practice, and to determine factors associated with TC. **METHODS:**